STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

COST-SHARING FOR THE CATEGORICALLY NEEDY AND QUALIFIED MEDICARE BENEFICIARIES

Effective January 1, 1995, the Nebraska Medical Assistance Program established the following schedule of copayments:

Service	Amount of copayment
Chiropractic Office Visits	$1 per visit
Dental Services	$3 per specified service
Drugs	$1 per prescription
Eyeglasses	$2 per dispensing fee
Hearing Aids	$3 per dispensing fee
Mental Health and Chemical Dependency Services	$2 per specified service
Occupational Therapy (non-hospital based)	$1 per specified service
Optometric Office Visits	$2 per visit
Outpatient Hospital Services	$3 per visit
Physical Therapy (non-hospital based)	$1 per specified service
Physicians (M.D.'s and D.O.'s) Office Visits (Excluding Primary Care Physicians - Family Practice, General Practice, Pediatricians, Internists, and physician extenders (including physician assistants, nurse practitioners and nurse midwives) providing primary care services)	$2 per visit
Podiatrists Services	$1 per visit
Speech Therapy (non-hospital based)	$2 per specified service

As a basis for determining the copayment amount, the standard copayment amount is determined by applying the maximum copayment amounts specified in 42 CFR 447.54(a)(3) to the agency's average or typical payment for that service.

The copayment is collected by the provider at the time the service is provided. If the client is unable to pay the copayment when the service is provided, the provider may bill the client for the amount of the copayment.

An individual who is unable to pay the copayment is identified by self- declaration to the provider.

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(continued from page 1)
Exclusions under 42 CFR 447.53(b): Individuals who are excluded from the copayment requirement, including children age 18 and younger, will be identified to providers by an indication on the client's Medicaid card. Providers will be educated that certain services, including institutional services, emergency services, family planning services, and HMO services, are not subject to copayment. In addition, computer edits will lower the payment amount of those services that require a copayment. Services and/or clients excluded from copayment will be identified by the system and payment will be made in the usual manner.

There will not be a cumulative maximum that applies to all charges imposed on a specified time period.